

## Appendix 2 ▪ Termination of MSSP Services (Notice of Action)

Name:

Date:

Address:

MSSP #:

RE: Denial of Multipurpose Senior Services Program (MSSP) Benefits

Dear Mr./Mrs./Ms.

Welfare and Institutions Code, 9560 et seq. authorizes the operation of the Multipurpose Senior Services Program for persons who are 65 years or older, Medi-Cal recipients, living in the community, and who are certified or certifiable for placement in a nursing facility (NF). Further, the cost for serving recipients cannot consistently exceed the cost of a nursing facility. You have applied for MSSP benefits and/or are receiving MSSP services under this Act.

We have reviewed **(your application or information provided)** and determined that as of **(date)** you are not eligible for MSSP services because **(select one of the options listed below and insert here as appropriate and delete the non-applicable reasons):**

- A.** You do not reside in or have moved out of the MSSP service area.
- B.** You no longer desire to receive MSSP services.
- C.** You no longer meet the criteria for placement in a nursing facility.
- D.** Other
- E.** You no longer qualify for Medi-Cal (no share of cost).
- F.** You have been admitted to a hospital or nursing facility.
- G.** The estimated cost of providing you with home-based services is \$\_\_\_\_\_ per month which exceeds the cost of full-time care in a nursing facility.
- H.** Your Medi-Cal eligibility has changed to an Aid Code that no longer qualifies you for MSSP services.
- I.** You are unwilling or unable to utilize care management services.

**IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE A RIGHT TO REQUEST A STATE HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE OF THE STATE DEPARTMENT OF SOCIAL SERVICES. INSTRUCTIONS FOR REQUESTING A HEARING ARE ATTACHED.**

The State laws which require this action are found in the Code of California Regulations, Title 22, Division 3, Subdivision 1, Chapter 2, Article 18, Section 50951; and Welfare and Institutions Code, Sections 10950-10965.

**(Select only one of the following two paragraphs):**

- 1.** You may be assured that denial of MSSP will not affect other medical or social services you are eligible to receive through the California Medi-Cal Program or other public benefit programs.
- 2.** Because your current eligibility for Medi-Cal services is linked to your continuing eligibility for MSSP, you will no longer be eligible for Medi-Cal under this criterion. You may contact your local county welfare office to see if your Medi-Cal benefits can be continued under other eligibility criteria.

Thank you for your interest in MSSP. You may apply for MSSP services at a future time if you believe you have become eligible.

Please call **(care manager name)** at **(telephone number)** if you have any questions.

Sincerely,

Site Director